



RESOURCE AND PATIENT MANAGEMENT SYSTEM

IHS Clinical Reporting System (CRS 2008) (BGP V. 8.0)

National GPRA Report Performance Measure List and Definitions September 2007

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Revision History

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CRS 2008 NATIONAL GPRA REPORT

The following performance measures will be reported in the **Clinical Reporting System (CRS) 2008 National GPRA report**. Many measures include refusals, which are not listed below but are included in the report. **Official GPRA measures reported in the National GPRA Report submitted to OMB and Congress are shown in bold font.**

<u>DIABETES GROUP</u> <u>Diabetes Prevalence</u> +Diabetes Diagnosis Ever *Diabetes Diagnosis During GPRA Year <u>Glycemic Control</u> +Documented A1c Poor Glycemic Control Ideal Glycemic Control <u>Blood Pressure Control</u> *BP Assessed Controlled BP <u>LDL Assessment</u> LDL Assessed *LDL <=100 <u>Nephropathy Assessment</u> Estimated GFR & Quantitative Urinary Protein or History of ESRD <u>Retinopathy Assessment</u> Retinopathy Evaluation <u>DENTAL GROUP</u> Access to Dental (Annual Dental Visit) Dental Sealants (count; not rate) Topical Fluoride Application (count; not rate) <u>IMMUNIZATIONS</u> <u>Adult Immunizations (65+)</u> Influenza Pneumovax Ever <u>Childhood Immunizations (19-35 months)</u> *Active Clinical Pts w/4:3:1:3:3 Active IMM Pts w/ 4:3:1:3:3 *4 DTaP *3 Polio *1 MMR *3 HiB *3 Hepatitis B	<u>CANCER SCREENING</u> Pap Smear Rates Mammogram Rates <u>Colorectal Cancer Screening</u> Fecal Occult Blood test during Report Period, Flexible Sigmoidoscopy or DCBE in past 5 years, or Colonoscopy in past 10 years *Fecal Occult Blood Test <u>Tobacco Use and Exposure Assessment</u> *Tobacco Assessment *Tobacco Users *Smokers *Smokeless Users *Exposed to Environmental Tobacco Smoke (ETS) <u>Tobacco Cessation</u> Tobacco Cessation Counseling or Smoking Cessation Aid *Quit Tobacco Use <u>BEHAVIORAL HEALTH</u> Alcohol Screening (FAS Prevention) Intimate Partner Violence/Domestic Violence Screening <u>Depression Screening</u> Depression Screening or Mood Disorder Diagnosis *Depression Screening *Mood Disorder Diagnosis <u>CARDIOVASCULAR DISEASE-RELATED</u> <u>Obesity Assessment</u> *Obesity Assessment *Assessed as Overweight *Assessed as Obese *Assessed as Overweight or Obese <u>Childhood Weight Control (Children 2-5)</u> BMI 95% and Up *BMI 85-94% *BMI >=85% <u>Comprehensive CVD-Related Assessment</u> BP, LDL, & Tobacco Assessed, BMI, & Lifestyle Counseling *Depression Screen <u>OTHER CLINICAL</u> Prenatal HIV Testing
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+ Not an official GPRA measure but is included in the National GPRA Report provided to OMB and Congress to provide context to a GPRA measure(s).

* Not an official GPRA measure and is not included in the National GPRA Report provided to OMB and Congress. This measure is included in the CRS National GPRA Report to provide context to a GPRA measure(s).

Definitions for all performance measure topics included in CRS begin on page 5. Definitions for numerators and denominators that are preceded by "GPRA" represent measures that are reported to OMB and Congress.

CRS DENOMINATOR DEFINITIONS

- ***For all denominators:***
 - All patients with name “DEMO,PATIENT” will be automatically excluded for all denominators.
 - For all measures except as noted, patient age is calculated as of the beginning of the Report Period.
- ***Active Clinical Population for National GPRA Reporting***
 - Must have two visits to medical clinics in the past three years. Chart reviews and telephone calls from these clinics do not count; the visits must be face-to-face. At least one visit must be to a core medical clinic. Refer to the CRS 2008 User Manual for listing of these clinics.
 - Must be alive on the last day of the Report Period.
 - Must be American Indian/Alaska Native (AI/AN) (defined as Beneficiary 01).
 - Must reside in a community specified in the site’s GPRA community taxonomy, defined as all communities of residence in the defined CHS catchment area.
- ***Active Clinical Population for Local Reports***
 - Must have two visits to medical clinics in the past three years. Chart reviews and telephone calls from these clinics do not count; the visits must be face-to-face. At least one visit must be to a core medical clinic. Refer to the CRS 2008 User Manual for listing of these clinics.
 - Must be alive on the last day of the Report Period.
 - User defines population type: AI/AN patients only, non AI/AN or both.
 - User defines general population: single community; group of multiple communities (community taxonomy); user-defined list of patient (patient panel); or all patients regardless of community of residence.
- ***User Population for National GPRA Reporting***
 - Must have been seen at least once in the three years prior to the end of the time period, regardless of the clinic type, and the visit must be either ambulatory (including day surgery or observation) or a hospitalization; the rest of the service categories are excluded.
 - Must be alive on the last day of the Report Period.
 - Must be American Indian/Alaska Native (AI/AN) (defined as Beneficiary 01).
 - Must reside in a community specified in the site’s GPRA community taxonomy, defined as all communities of residence in the defined CHS catchment area.
- ***User Population for Local Reports***
 - Must have been seen at least once in the three years prior to the end of the time period, regardless of the clinic type, and the visit must be either ambulatory (including day surgery or observation) or a hospitalization; the rest of the service categories are excluded.
 - Must be alive on the last day of the Report Period.
 - User defines population type: AI/AN patients only, non AI/AN or both.
 - User defines general population: single community; group of multiple communities (community taxonomy); user-defined list of patient (patient panel); or all patients regardless of community of residence.
- ***Active Clinical CHS Population for National GPRA Reporting (used only for CHS-only sites)***
 - Must have 2 CHS visits in the 3 years prior to the end of the Report Period and the visits must be either ambulatory (including day surgery or observation) or a hospitalization; the rest of the service categories are excluded.
 - Must be alive on the last day of the Report period.
 - Must be American Indian/Alaska Native (AI/AN) (defined as Beneficiary 01). This data item is entered and updated during the patient registration process.
 - Must reside in a community included in the site’s “official” GPRA community taxonomy, defined as all communities of residence in the CHS catchment area specified in the community taxonomy specified by the user.
- ***Active Clinical CHS Population for Local Reports (used only for CHS-only sites)***
 - Must have 2 CHS visits in the 3 years prior to the end of the Report Period and the visits must be either ambulatory (including day surgery or observation) or a hospitalization; the rest of the service categories are excluded.
 - Must be alive on the last day of the Report period.
 - User defines population type: AI/AN patients only, non AI/AN or both.
 - User defines general population: single community; group of multiple communities (community taxonomy); user-defined list of patient (patient panel); or all patients regardless of community of residence.

CRS NATIONAL GPRA REPORT PERFORMANCE MEASURE TOPICS AND DEFINITIONS

The performance measure topics and their definitions that are included in the CRS 2008 Version 8.0 National GPRA Report is shown in the table below.

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: <i>Red, bold italic type</i> indicates new or edited definitions, GPRA measures in yellow)
DIABETES GROUP	
Diabetes Prevalence Diabetes Program/ Dr. Charlton Wilson <i>NATIONAL (included in National GPRA Report; <u>not</u> reported to OMB and Congress)</i>	No logic changes from Version 7.0 Patch 1. Denominator: User Population patients. Numerators: 1) Anyone diagnosed with diabetes (POV 250.00-250.93) ever. 2) Anyone diagnosed with diabetes during the Report Period. Patient List Options: List of patients ever diagnosed with diabetes.
Diabetes Comprehensive Care (deleted from report) Diabetes Program/ Dr. Charlton Wilson <i>OTHER NATIONAL (included in new Other National Measures Report; <u>not</u> reported to OMB and Congress)</i>	<i>Removed from National GPRA Report and included in new Other National Measures Report.</i>
Diabetes: Glycemic Control Diabetes Program/ Dr. Charlton Wilson <i>NATIONAL (included in National GPRA Report; reported to OMB and Congress)</i>	Changes from Version 7.0 Patch 1, as noted below. Denominator: 1) GPRA: Active Diabetic patients; defined as all Active Clinical patients diagnosed with diabetes (POV 250.00-250.93) at least one year prior to the Report Period, AND at least 2 visits in the past year, AND 2 DM-related visits ever. Key denominator for this and all diabetes-related topics below. Numerators: 1) Hemoglobin A1c documented during the Report Period. 2) GPRA: Poor control: A1c greater than (>) 9.5 3) GPRA: Ideal control: A1c less than (<) 7 Definitions: 1) A1c: Searches for most recent A1c test with a result during the Report Period. If none found, CRS searches for the most recent A1c test without a result. A1c defined as any of the following: CPT 83036, 83037, 3046F, or 3047F ; LOINC taxonomy (<i>added code to taxonomy</i>) or site-populated taxonomy DM AUDIT HGB A1C TAX. GPRA 2008 Description - Poor Glycemic Control: TBD GPRA 2008 Description - Ideal Glycemic Control: TBD Patient List Options: 1) List of diabetic patients with a documented A1c. 2) List of diabetic patients without a documented A1c. 3) List of diabetic patients with poor glycemic control (A1c greater than (>) 9.5). 4) List of diabetic patients with ideal glycemic control (A1c less than (<) 7).

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: <i>Red, bold italic type</i> indicates new or edited definitions, GPRA measures in yellow)
<p>Diabetes: Blood Pressure Control Diabetes Program/ Dr. Charlton Wilson</p> <p><i>NATIONAL (included in National GPRA Report; reported to OMB and Congress)</i></p>	<p><i>Changes from Version 7.0 Patch 1, as noted below.</i></p> <p>Denominator: 1) GPRA: Active Diabetic patients; defined as all Active Clinical patients diagnosed with diabetes (POV 250.00-250.93) at least one year prior to the Report Period, AND at least 2 visits in the past year, AND 2 DM-related visits ever. Key denominator for this and all diabetes-related topics below.</p> <p>Numerators: 1) Total with BP value (at least 2 (3 if available) non-ER BPs documented during the Report Period) 2) GPRA: Controlled BP, < 130/80</p> <p>Definitions: 1) Blood Pressure: CRS uses mean of last 3 Blood Pressures documented on non-ER visits during the Report Period. If 3 BPs are not available, uses mean of last 2 non-ER BPs. If a visit contains more than 1 BP, the lowest BP will be used. The mean Systolic value is calculated by adding the last 3 (or 2) systolic values and dividing by 3 (or 2). The mean Diastolic value is calculated by adding the diastolic values from the last 3 (or 2) blood pressures and dividing by 3 (or 2). If the systolic and diastolic values do not BOTH meet the criteria for controlled, then the value is considered not controlled. <i>For the BP documented numerator only, if CRS is not able to calculate a mean BP, it will search for CPT 3077F or 3080F during the Report Period.</i></p> <p>GPRA 2008 Description: TBD</p> <p>Patient List: Diabetic patients with mean BP, if any.</p>
<p>Diabetes: LDL Assessment (renamed from Diabetes: Lipids Assessment) Diabetes Program/ Dr. Charlton Wilson</p> <p><i>NATIONAL (included in National GPRA Report; reported to OMB and Congress)</i></p>	<p><i>Changes from Version 7.0 Patch 1, as noted below.</i></p> <p>Denominator: 1) GPRA: Active Diabetic patients; defined as all Active Clinical patients diagnosed with diabetes (POV 250.00-250.93) at least one year prior to the Report Period, AND at least 2 visits in the past year, AND 2 DM-related visits ever. Key denominator for this and all diabetes-related topics below.</p> <p>Numerators: 1) GPRA: Patients with LDL completed during the Report Period, regardless of result. 2) LDL <= 100</p> <p>Definitions: 1) LDL: CPT <i>80061, 83700, 83701, 83704, 83715 (old code), 83716 (old code), 83721, 3048F, 3049F, 3050F</i>; LOINC taxonomy <i>(added to and removed code from LOINC taxonomy)</i>; site-populated taxonomy DM AUDIT LDL CHOLESTEROL TAX. <i>For numerator LDL <130, CPT 3048F and 3049F will count as meeting the measure. For numerator LDL <=100, CPT 3048F will count as meeting the measure.</i></p> <p>GPRA 2008 Description: TBD</p> <p>Patient List Options: 1) List of diabetic patients with LDL completed, regardless of result. 2) List of diabetic patients without LDL completed.</p>

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: <i>Red, bold italic type</i> indicates new or edited definitions, GPRA measures in yellow)
<p>Diabetes: Nephropathy Assessment Diabetes Program/ Dr. Charlton Wilson</p> <p><i>NATIONAL (included in National GPRA Report; reported to OMB and Congress)</i></p>	<p><i>Changes from Version 7.0 Patch 1, as noted below.</i></p> <p>Denominator: 1) GPRA: Active Diabetic patients; defined as all Active Clinical patients diagnosed with diabetes (POV 250.00-250.93) at least one year prior to the Report Period, AND at least 2 visits in the past year, AND 2 DM-related visits ever. Key denominator for this and all diabetes-related topics below.</p> <p>Numerator:</p> <p>1) GPRA: Patients with nephropathy assessment, defined as an estimated GFR AND a quantitative urinary protein assessment during the Report Period OR with evidence of diagnosis and/or treatment of ESRD at any time before the end of the Report period.</p> <p>Definitions: 1) Estimated GFR: Site-populated taxonomy BGP GPRA ESTIMATED GFR TAX or LOINC taxonomy (<i>added codes to LOINC taxonomy</i>).</p> <p>2) Quantitative Urine Protein Assessment: CPT 82042, 82043, or 84156; LOINC taxonomy (<i>added codes to LOINC taxonomy</i>); or site-populated taxonomy BGP QUANT URINE PROTEIN (NOTE: Be sure and check with your laboratory supervisor that the names you add to your taxonomy reflect quantitative test values)</p> <p>3) End Stage Renal Disease: A) ANY diagnosis ever of 585.5, 585.6, V42.0, V45.1, or V56.*; B) ANY CPT in the range of 36145, 36800, 36810, 36815, 36818, 36819, 36820, 36821, 36831-36833, 50300, 50320, 50340, 50360, 50365, 50370, 50380, 90918-90925, 90935, 90937, 90939, 90940, 90945, 90947, 90989, 90993, 90997, 90999, 99512, G0257, G0308-G0327, or S9339, or C) V Procedure 38.95, 39.27, 39.42, 39.43, 39.53, 39.93-39.95, 54.98, or 55.6*.</p> <p>GPRA 2008 Description: TBD</p> <p>Patient List Options:</p> <p>1) List of diabetic patients with nephropathy assessment.</p> <p>2) List of diabetic patients without nephropathy assessment.</p>

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: <i>Red, bold italic type</i> indicates new or edited definitions, GPRA measures in yellow)
<p>Diabetic Retinopathy Diabetes Program/ Dr. Mark Horton</p> <p><i>NATIONAL (included in National GPRA Report; reported to OMB and Congress)</i></p>	<p><i>Changes from Version 7.0 Patch 1, as noted below.</i></p> <p>Denominator: 1) GPRA: <i>Active Diabetic patients</i>; defined as all Active Clinical patients diagnosed with diabetes (POV 250.00-250.93) at least one year prior to the Report Period, AND at least 2 visits in the past year, AND 2 DM-related visits ever. Key denominator for this and all diabetes-related topics below.</p> <p>Numerators: 1) GPRA: Patients receiving a qualified retinal evaluation* during the Report Period, or a documented refusal of a diabetic retinal exam.</p> <p><i>A) Patients who refused a diabetic retinal exam during the Report Period.</i></p> <p>Definitions:</p> <p>1) Qualified Retinal Evaluation*: A) Diabetic retinal exam or documented refusal or B) other eye exam.</p> <p>A) Diabetic Retinal Exam: Any of the following during the Report Period: (1) Exam Code 03 Diabetic Eye Exam (dilated retinal examination) or refusal of Exam 03; <i>(2) CPT 2022F Dilated retinal eye exam; 2024F Seven standard field stereoscopic photos with interpretation by an ophthalmologist or optometrist; 2026F Eye imaging validated to match the diagnosis from seven standard field stereoscopic photos; S0620 Routine ophthalmological examination including refraction; new patient; S0621 Routine ophthalmological examination including refraction; established patient; S3000 Diabetic indicator; retinal eye exam, dilated, bilateral.</i></p> <p>B) Other Eye Exam: (1) Non-DNKA (did not keep appointment) visits to ophthalmology, optometry or validated tele-ophthalmology retinal evaluation clinics (e.g. JVN, Inoveon, EyeTel, etc.) or (2) non-DNKA visits to an optometrist or ophthalmologist. Searches for any of the following codes in the following order: Clinic Codes A2, 17, 18, 64; Provider Code 24, 79, 08; CPT <i>67028, 67038, 67039, 67040</i>, 92002, 92004, 92012, 92014; POV V72.0; <i>Procedure 95.02.</i></p> <p>*Qualifying Retinal Evaluation: The following methods are qualifying for this measure:</p> <ul style="list-style-type: none"> - Dilated retinal evaluation by an optometrist or ophthalmologist. - Standard fields stereoscopic photos (ETDRS) evaluated by an optometrist or Ophthalmologist. - Any photographic method formally validated to ETDRS, e.g. JVN, Inoveon, EyeTel, etc. <p>GPRA 2008 Description: TBD</p> <p>Patient List Options:</p> <p>1) List of diabetic patients who received any retinal screening or a documented refusal of a diabetic eye exam.</p> <p>2) List of diabetic patients who did not receive any retinal screening or a documented refusal of a diabetic eye exam.</p>
DENTAL GROUP	
<p>Access to Dental Services Dental Program/ Dr. Patrick Blahut</p> <p><i>NATIONAL (included in National GPRA Report; reported to OMB and Congress)</i></p>	<p>No logic changes from Version 7.0 Patch 1.</p> <p>Denominator: 1) GPRA: <i>User Population patients, broken down by age groups: 0-5, 6-11, 12-19, 20-34, 35-44, 45-54, 55-74, 75 and older.</i></p> <p>Numerators: 1) GPRA: <i>Patients with documented dental visit during the Report Period, including refusals.</i></p> <p><i>A) Patients with documented refusal.</i></p> <p>Definitions: 1) Dental Visit: For non-CHS visits, searches for V Dental ADA Code 0000 or 0190; Exam Code 30; or POV V72.2. For CHS visits, searches for any visit with an ADA code. CHS visit defined as Type code of C in Visit file.</p> <p>2) Refusal of Dental Exam: For non-CHS visits, searches for refusal of Exam Code 30 or ADA code 0000 or 0190.</p> <p>GPRA 2008 Description: TBD</p> <p>Patient List Options:</p> <p>1) List of patients with documented dental visit or refusal.</p> <p>2) List of patients without documented dental visit or refusal.</p>

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: <i>Red, bold italic type</i> indicates new or edited definitions, GPRA measures in yellow)
Dental Sealants Dental Program/ Dr. Patrick Blahut <i>NATIONAL (included in National GPRA Report; reported to OMB and Congress)</i>	<p><i>Changes from Version 7.0 Patch 1, as noted below and clarified text to reflect how CRS is counting refusals.</i></p> <p>Numerators: GPRA: Count only (no percentage comparison to denominator). For patients meeting the User Population definition, the total number of dental sealants and refusals during the Report Period.</p> <p>A) Number of documented refusals.</p> <p>Definitions: 1) Dental Sealant: ADA code 1351. <i>Only two sealants per tooth will be counted during the Report Period. Each tooth is identified by the data element Operative Site in RPMS.</i></p> <p>2) Refusal of Dental Sealant: Refusal of ADA code 1351. Refusals are only counted if a patient did not have a sealant during the Report Period. If a patient had both a sealant and a refusal, only the sealant will be counted. <i>If a patient has multiple refusals, only one refusal will be counted.</i></p> <p>GPRA 2008 Description: TBD</p> <p>Patient List: List of patients who received or refused dental sealants during Report Period.</p>
Topical Fluoride Dental Program/Dr. Patrick Blahut <i>NATIONAL (included in National GPRA Report; reported to OMB and Congress)</i>	<p><i>Clarified text to reflect how CRS is counting refusals; no logic changes</i></p> <p>Numerators:</p> <p>1) GPRA: Count only (no percentage comparison to denominator). For patients meeting the User Population definition, the total number of patients with at least one topical fluoride treatment or refusal during the Report Period.</p> <p>A) Patients with documented refusal in past year.</p> <p>DELETE (moved to new Other National Measures Report): 2) Count only (no percentage comparison to denominator). For patients meeting the User Population definition, the total number of appropriate topical fluoride applications and refusals based on a maximum of four per patient per year.</p> <p>DELETE (moved to new Other National Measures Report): A) Number of documented refusals during past year.</p> <p>Definitions:</p> <p>1) Topical Fluoride Application: V Dental ADA codes 1201 (old code), 1203, 1204, 1205 (old code), or 1206; or V POV V07.31. A maximum of one application per patient per visit is allowed. A maximum of four topical fluoride applications are allowed per patient per year for the applications measure.</p> <p>2) Refusal of Topical Fluoride Application: Refusal of ADA code 1201 (old code), 1203, 1204, 1205 (old code), or 1206. Refusals are only counted if a patient did not have a topical fluoride application during the Report Period. If a patient had both an application and a refusal, only the application will be counted. <i>If a patient has multiple refusals, only one refusal will be counted.</i></p> <p>GPRA 2008 Description: TBD</p> <p>Patient List: List of patients who received or refused at least one topical fluoride application during Report period.</p>

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: <i>Red, bold italic type</i> indicates new or edited definitions, GPRA measures in yellow)
IMMUNIZATION GROUP	
<p>Adult Immunizations: Influenza Epidemiology Program/ Amy Groom, MPH</p> <p><i>NATIONAL (included in National GPRA Report; reported to OMB and Congress)</i></p>	<p><i>Changes from Version 7.0 Patch 1, as noted below.</i></p> <p>Denominators: 1) GPRA: Ages 65 and older. 2) <i>DELETE (moved to new Other National Measures Report):</i> Active Diabetic patients (see Diabetic Retinopathy above for definition).</p> <p>Numerators: 1) GPRA: Patients with influenza vaccine or refusal documented during the Report Period or with a contraindication documented at any time before the end of the Report Period. A) Patients with documented refusal. B) <i>Patients with a contraindication or a documented NMI (not medically indicated) refusal.</i></p> <p>Definitions: 1) Influenza Vaccine: Any of the following during the Report Period: A) Immunization/CVX codes 15, 16, 88, or 111; B) POV V04.8 (old code), V04.81, V06.6; C) CPT 90655-90660, 90724 (<i>old code</i>), G0008, G8108; D) ICD Procedure 99.52. 2) <i>Contraindication to Influenza Vaccine: Any of the following documented at any time before the end of the Report Period: A) Contraindication in the Immunization Package of "Egg Allergy" or "Anaphylaxis" or B) PCC NMI Refusal.</i> 3) Refusal of Influenza Vaccine: A) Refusal of immunization/CVX codes 15, 16, 88, or 111 as documented in PCC Refusal File (i.e. REF) or B) in the Immunization Package as contraindication of "Patient Refusal."</p> <p>GPRA 2008 Description: TBD</p> <p>Patient List Options: 1) List of patients >= 65 years who received or refused an Influenza immunization. 2) List of patients >= 65 years who did not receive or refuse an Influenza immunization.</p>
<p>Adult Immunizations: Pneumovax Epidemiology Program/ Amy Groom, MPH</p> <p><i>NATIONAL (included in National GPRA Report; reported to OMB and Congress)</i></p>	<p><i>Changes from Version 7.0 Patch 1, as noted below.</i></p> <p>Denominators: 1) GPRA: Active Clinical patients ages 65 or older. <i>DELETE (moved to new Other National Measures Report):</i> 2) Active Diabetic patients (see Diabetic Retinopathy above for definition).</p> <p>Numerators: GPRA: Patients with Pneumococcal vaccine or contraindication documented at any time before the end of the Report Period or with a refusal in the past year. A) Documented patient refusals (REF) or not medically indicated (NMI). <i>B) Contraindication or a documented NMI (not medically indicated) refusal.</i></p> <p>Definitions: 1) Pneumovax Vaccine: A) Immunization/CVX codes 33, 100, 109; B) POV V06.6, V03.82, (<i>deleted V03.89-generic code</i>); C) ICD Procedure 99.55; D) CPT 90732, 90669, G0009, G8115. 2) <i>Contraindication to Pneumovax Vaccine: A) Contraindication in the Immunization Package of "Anaphylaxis" or B) PCC NMI Refusal.</i> 3) Refusal of Pneumovax Vaccine: A) Immunization codes 33, 100, or 109, as documented in PCC Refusal File (i.e. REF) or B) Immunization Package contraindication of "Patient Refusal."</p> <p>GPRA 2008 Description: TBD</p> <p>Patient List Options: 1) List of patients =>65 years with pneumovax immunization, contraindication, or refusal. 2) List of patients =>65 years without pneumovax immunization, contraindication, or refusal.</p>

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: <i>Red, bold italic type</i> indicates new or edited definitions, GPRA measures in yellow)
<p>Childhood Immunizations Epidemiology Program/ Amy Groom, MPH</p> <p><i>NATIONAL (included in National GPRA Report; reported to OMB and Congress)</i></p>	<p><i>Changes from Version 7.0 Patch 1, as noted below.</i></p> <p>Denominators:</p> <ol style="list-style-type: none"> 1) Active Clinical patients ages 19-35 months at end of Report Period. 2) GPRA: User Population patients active in the Immunization Package who are 19-35 months at end of Report period. NOTE: Sites must be running the RPMS Immunization package for this denominator. Sites not running the package will have a value of zero for this denominator. <p>Numerators:</p> <ol style="list-style-type: none"> 1) GPRA: Patients who have received the 4:3:1:3:3 combination (i.e. 4 DTaP, 3 Polio, 1 MMR, 3 HiB, 3 Hepatitis B), including refusals, contraindications, and evidence of disease. 2) Patients with 4 doses of DTaP, or who have evidence of the disease, a contraindication, or a documented refusal. 3) Patients with 3 doses of Polio, or who have evidence of the disease, a contraindication, or a documented refusal. 4) Patients with 1 dose of MMR, or who have evidence of the disease, a contraindication, or a documented refusal. 5) Patients with 3 doses of HiB, or who have evidence of the disease, a contraindication, or a documented refusal. 6) Patients with 3 doses of Hepatitis B, or who have evidence of the disease, a contraindication, or a documented refusal. <p>Definitions:</p> <ol style="list-style-type: none"> 1) Patient Age: Since the age of the patient is calculated at the beginning of the Report Period, the age range will be adjusted to 7-23 months at the beginning of the Report Period, which makes the patient between the ages of 19-35 months at the end of the Report Period. 2) Timing of Doses: Because IZ data comes from multiple sources, any IZ codes documented on dates within 10 days of each other will be considered as the same immunization. 3) Active Immunization Package Patients Denominator: Same as User Population definition EXCEPT includes only patients flagged as active in the Immunization Package. NOTE: Only values for the Current Period will be reported for this denominator since currently there is not a way to determine if a patient was active in the Immunization Package during the Previous Year or Baseline Periods. 4) Dosage and Types of Immunizations: <ol style="list-style-type: none"> A) 4 Doses of DTaP: 1) 4 DTaP/DTP/Tdap; 2) 1 DTaP/DTP/Tdap and 3 DT/Td; 3) 1 DTaP/DTP/Tdap and 3 each of Diphtheria and Tetanus; 4) 4 DT and 4 Pertussis; 5) 4 Td and 4 Pertussis; or 6) 4 each of Diphtheria, Tetanus, and Pertussis. B) 3 Doses of Polio: 1) 3 OPV; 2) 3 IPV; or 3) combination of OPV & IPV totaling 3 doses. C) 1 Dose of MMR: 1) MMR; 2) 1 M/R and 1 Mumps; 3) 1 R/M and 1 Measles; or 4) 1 each of Measles, Mumps, and Rubella. D) 3 doses of Hep B OR 2 doses IF documented with CPT 90743. E) 3 doses of HIB 5) Refusal, Contraindication, and Evidence of Disease Information: Refusals, evidence of disease, and contraindications for individual immunizations will also count toward meeting the definition, as defined below. <ol style="list-style-type: none"> A) Each immunization must be refused and documented separately. For example, if a patient refused Rubella only, then there must be an immunization, contraindication, or separate refusal for the Measles and Mumps immunizations. B) For immunizations where required number of doses is >1, only one refusal is necessary to be counted in the numerator. For example, if there is a single refusal for Hepatitis B, the patient will be included in the numerator. C) Evidence of disease will be checked for at any time in the child's life (prior to the end of the Report period.)

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Childhood Immunizations (cont'd) Epidemiology Program/ Amy Groom, MPH	<p>D) To be counted as a refusal, a patient must have a REF refusal in PCC or a Parent or Patient Refusal in the IZ program for any of the immunizations in the numerator. For example, if a patient refused Rubella only but had immunizations for Measles and Mumps, the patient would be counted as having a refusal for MMR.</p> <p>E) To be counted as evidence of disease/contraindication/NMI refusal, a patient must have evidence of disease, a contraindication, or an NMI refusal for any of the immunizations in the numerator. For example, if a patient was Rubella immune but had a Measles and Mumps immunization, the patient would be counted as having evidence of disease for MMR.</p> <p>6) Refusal Definitions: Parent/Patient Refusal in Immunization package or PCC Refusal type REF or NMI for IZ codes: DTaP: 20, 50, 106, 107, 110, 120; DTP: 1, 22, 102; Tdap: 115; DT: 28; Td: 9, 113; Tetanus: 35, 112; Pertussis: 11; OPV: 2, 89; IPV: 10, 89, 110, 120; MMR: 3, 94; M/R: 4; R/M: 38; Measles: 5; Mumps: 7; Rubella: 6; HiB: <i>17</i>, 22, 46-49; 50, 51, 102, 120; Hepatitis B: 8, 42-45, 51, 102, 104, 110.</p> <p>7) Immunization Definitions:</p> <p>A) DTaP: 1) Immunization (CVX) codes: 20, 50, 106, 107, 110, 120; 2) POV V06.1; 3) CPT: 90698, 90700, 90721, 90723. (<i>Deleted CPT 90749 since it is a generic (unlisted) code.</i>) <i>DTaP contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."</i></p> <p>B) DTP: 1) Immunization (CVX) codes: 1, 22, 102; 2) POV: V06.1, V06.2, V06.3; 3) CPT: 90701, 90711 (old code), 90720; 4) Procedure 99.39. <i>DTP contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."</i></p> <p>C) Tdap: 1) Immunization (CVX) code: 115; 2) CPT 90715. <i>Tdap contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."</i></p> <p>D) DT: 1) Immunization (CVX) code 28; 2) POV V06.5; 3) CPT 90702. <i>DT contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."</i></p> <p>E) Td: 1) Immunization (CVX) code 9, 113; 2) POV V06.5; 3) CPT 90714, 90718. <i>Td contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."</i></p> <p>F) Diphtheria: 1) POV V03.5; 2) CPT 90719; 3) Procedure 99.36. Diphtheria evidence of disease definitions: POV or PCC Problem List (active or inactive) V02.4, 032*. <i>Diphtheria contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."</i></p> <p>G) Tetanus: 1) Immunization (CVX) codes: 35, 112; 2) POV V03.7, 3) CPT 90703; 4) Procedure 99.38. Tetanus evidence of disease definition: POV or PCC Problem List (active or inactive) 037*. <i>Tetanus contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."</i></p> <p>H) Pertussis: 1) Immunization (CVX) code 11; 2) POV V03.6; 3) Procedure 99.37. Pertussis evidence of disease definition: POV or PCC Problem List (active or inactive) 033*. <i>Pertussis contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."</i></p> <p>I) OPV: 1) Immunization (CVX) codes: 2, 89; 2) CPT 90712. OPV contraindication definitions: POV: 279, V08, 042, 200-202, 203.0, 203.1, 203.8, 204-208; <i>or Immunization Package contraindication of "Anaphylaxis."</i></p> <p>J) IPV: 1) Immunization (CVX) codes: 10, 89, 110, 120; 2) POV V04.0, V06.3; 3) CPT: 90698, 90711 (old code), 90713, 90723; 4) Procedure 99.41. IPV evidence of disease definitions: POV or PCC Problem List (active or inactive): V12.02, 045*, 138, 730.70-730.79. <i>IPV contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis" or "Neomycin Allergy."</i></p> <p>K) MMR: 1) Immunization (CVX) codes: 3, 94; 2) POV V06.4; 3) CPT: 90707, 90710; 4) Procedure 99.48. MMR contraindication definitions: POV: 279, V08, 042, 200-202, 203.0, 203.1, 203.8, 204-208; <i>or Immunization Package contraindication of "Anaphylaxis," "Immune Deficiency," "Immune Deficient," or "Neomycin Allergy."</i></p> <p>L) M/R: 1) Immunization (CVX) code 4; 2) CPT 90708. <i>M/R contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."</i></p> <p>M) R/M: 1) Immunization (CVX) code 38; 2) CPT 90709 (old code). <i>R/M contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."</i></p>

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Childhood Immunizations (cont'd) Epidemiology Program/ Amy Groom, MPH	<p>N) Measles: 1) Immunization (CVX) code 5; 2) POV V04.2; 3) CPT 90705; 4) Procedure 99.45. Measles evidence of disease definition: POV or PCC Problem List (active or inactive) 055*. <i>Measles contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."</i></p> <p>O) Mumps: 1) Immunization (CVX) code 7; 2) POV V04.6; 3) CPT 90704; 4) Procedure 99.46. Mumps evidence of disease definition: POV or PCC Problem List (active or inactive) 072*. <i>Mumps contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."</i></p> <p>P) Rubella: 1) Immunization (CVX) code 6; 2) POV V04.3; 3) CPT 90706; 4) Procedure 99.47. Rubella evidence of disease definitions: POV or PCC Problem List (active or inactive) 056*, 771.0. <i>Rubella contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."</i></p> <p>Q) HiB: 1) Immunization (CVX) codes: 17, 22, 46-49, 50, 51, 102, 120; 2) POV V03.81; 3) CPT: 90645-90648, 90698, 90720-90721, 90748. HiB evidence of disease definitions: POV or PCC Problem List (active or inactive) 038.41, 041.5, 320.0, 482.2. <i>HiB contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."</i></p> <p>R) Hepatitis B: 1) Immunization (CVX) codes: 8, 42-45, 51, 102, 104, 110; 2) CPT: 90636, 90723, 90731 (old code), 90740, 90743-90748, G0010, Q3021, Q3023. Hepatitis B evidence of disease definitions: POV or PCC Problem List (active or inactive): V02.61, 070.2, 070.3. <i>Hepatitis B contraindication definition: 1) Immunization Package contraindication of "Anaphylaxis."</i></p> <p>GPRA 2008 Description: TBD</p> <p>Patient List Options:</p> <ol style="list-style-type: none"> 1) List of patients Active Clinical 19-35 months who received the 4:3:1:3:3 combination (4 DTaP, 3 OPV/IPV, 1 MMR, 3 HiB, 3 Hep B). 2) List of Active Clinical patients 19-35 months who have not received the 4:3:1:3:3 combination (4 DTaP, 3 OPV/IPV, 1 MMR, 3 HiB, 3 Hep B). If a patient did not have all doses in a multiple dose vaccine, the IZ will not be listed. For example, if a patient only had 2 DTaP, no IZ will be listed for DTaP. 3) List of patients Active Immunization Package patients 19-35 months who received the 4:3:1:3:3 combination (4 DTaP, 3 OPV/IPV, 1 MMR, 3 HiB, 3 Hep B). 4) List of Active Immunization Package patients 19-35 months who have not received the 4:3:1:3:3 combination (4 DTaP, 3 OPV/IPV, 1 MMR, 3 HiB, 3 Hep B). If a patient did not have all doses in a multiple dose vaccine, the IZ will not be listed. For example, if a patient only had 2 DTaP, no IZ will be listed for DTaP. <p>NOTE: Because age is calculated at the beginning of the Report Period, the patient's age on the lists will be between 7-23 months.</p>

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: <i>Red, bold italic type</i> indicates new or edited definitions, GPRA measures in yellow)
CANCER SCREENING GROUP	
Cancer Screening: Pap Smear Rates Carolyn Aoyama <i>NATIONAL (included in National GPRA Report; reported to OMB and Congress)</i>	<p><i>Changes from Version 7.0 Patch 1, as noted below.</i></p> <p>Denominator: GPRA: Female Active Clinical patients ages 21 through 64 without a documented history of hysterectomy. Patients must be at least 21 years of age at the beginning of the Report Period and less than 65 years of age as of the end of the Report Period.</p> <p>Numerators: GPRA: Patients with documented pap smear in past three years or refusal in past year.</p> <p>A) Patients with documented refusal in past year.</p> <p>Definitions: 1) Hysterectomy: Any of the following ever: A) V Procedure: 68.4-68.8 (<i>revised from 68.4-68.9</i>); B) CPT 51925, 56308 (old code), 58150, 58152, 58200-58294, 58548, 58550-58554, 58951, 58953-58954, 58956, 59135; <i>or C) V POV 618.5.</i></p> <p>2) Pap Smear: A) V Lab: PAP SMEAR; B) POV: V67.01 Follow-up Vaginal Pap Smear, V76.2 Screen Mal Neop-Cervix, V72.31 Routine Gynecological Examination (corrected description), V72.32 Encounter for Pap Cervical Smear to Confirm Findings of Recent Normal Smear Following Initial Abnormal Smear (corrected description), V72.3 Gynecological Examination , Pap Cervical Smear as Part of General Gynecological Exam, Pelvic Exam (annual) (periodic) (corrected description) (old code, to be counted for visits prior to 10/1/04 only), V76.47 Vaginal Pap Smear for Post-Hysterectomy Patients, (<i>deleted V76.49</i>), or 795.0* (<i>added code 795.09, which expanded the range to 795.0*</i>); C) V Procedure: 91.46; D) V CPT: 88141-88167, 88174-88175, G0101, G0123, G0124, G0141, G0143-G0145, G0147, G0148, P3000, P3001, Q0091 Screening Pap Smear; E) Women's Health: Procedure called Pap Smear; F) LOINC taxonomy (<i>added one code</i>); G) Site-populated taxonomy BGP GPRA PAP SMEAR; H) Refusal Lab Test Pap Smear.</p> <p>GPRA 2008 Description: TBD</p> <p>Patient List Options:</p> <p>1) List of female patients with a Pap Smear documented in the past 3 years or refusal in past year.</p> <p>2) List of female patients without a Pap Smear documented in the past 3 years or refusal in past year.</p>

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: <i>Red, bold italic type</i> indicates new or edited definitions, GPRA measures in yellow)
<p>Cancer Screening: Mammogram Rates Carolyn Aoyama</p> <p><i>NATIONAL (included in National GPRA Report; reported to OMB and Congress)</i></p>	<p><i>Changes from Version 7.0 Patch 1, as noted below.</i></p> <p>Denominators: 1) GPRA: Female Active Clinical patients ages 52 through 64, without a documented bilateral mastectomy or two separate unilateral mastectomies.</p> <p><i>DELETE (moved to new Other National Measures Report):</i> 2) Female Active Clinical patients ages <i>42 (changed from 40)</i> and older without a documented history of bilateral mastectomy or two separate unilateral mastectomies.</p> <p>For the 52-64 denominator, the patients must be less than 65 years of age as of the end of the Report Period.</p> <p>Numerators: GPRA: Patients with documented mammogram in past two years or refusal in past year.</p> <p>A) Patients with documented refusal in past year.</p> <p>Definitions: 1) Bilateral Mastectomy: A) V CPT: <i>19300.50-19307.50 OR 19300-19307 w/modifier 09950 (.50 and 09950 modifiers indicate bilateral), or old codes</i> 19180, 19200, 19220, or 19240, w/modifier of .50 or 09950 or B) ICD Operation codes: 85.42; 85.44; 85.46; 85.48</p> <p>2) Unilateral Mastectomy: Requires two separate occurrences for either CPT or procedure codes on 2 different dates of service. A) V CPT: <i>19300-19307, or old codes</i> 19180, 19200, 19220, 19240 or B) V Procedures: 85.41, 85.43, 85.45, 85.47</p> <p>3) Mammogram: A) V Radiology or V CPT: 77051-77059 (<i>added 77051-77054</i>), <i>76083 (old code)</i>, 76090 (old code), 76091 (old code), 76092 (old code), G0206, G0204, G0202; B) POV: V76.11, V76.12, <i>793.80 Abnormal mammogram, unspecified; 793.81 Mammographic microcalcification; 793.89 Other abnormal findings on radiological exam of breast;</i> C) V Procedures: 87.36, 87.37; D) Women's Health: Mammogram Screening, Mammogram Dx Bilat, Mammogram Dx Unilat</p> <p>4) Refusal Mammogram: V Radiology MAMMOGRAM for CPT 77051-77059 (<i>added 77051-77054</i>), <i>76083 (old code)</i>, 76090 (old code), 76091 (old code), 76092 (old code), G0206, G0204, G0202.</p> <p>GPRA 2008 Description: TBD</p> <p>Patient List Options:</p> <p>1) List of female patients with a Mammogram documented in the past 2 years or refusal in past year.</p> <p>2) List of female patients without a Mammogram documented in the past 2 years or refusal in past year.</p>

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: <i>Red, bold italic type</i> indicates new or edited definitions, GPRA measures in yellow)
<p>Colorectal Cancer Screening Epidemiology Program/ Dr. Nathaniel Cobb</p> <p><i>NATIONAL (included in National GPRA Report; reported to OMB and Congress)</i></p>	<p><i>Changes from Version 7.0 Patch 1, as noted below.</i></p> <p>Denominator: GPRA: Active Clinical patients ages 51-80 without a documented history of colorectal cancer or total colectomy, broken out by gender.</p> <p>Numerators: 1) GPRA: Patients who have had ANY CRC colorectal screening, defined as any of the following: A) Fecal Occult Blood test (FOBT) during the Report Period; B) flexible sigmoidoscopy or double contrast barium enema in the past five years; C) colonoscopy in the past 10 years, or D) a documented refusal in the past year.</p> <p>A) Patients with documented refusal in the past year.</p> <p>2) Patients with Fecal Occult Blood test during the Report Period.</p> <p>Definitions: 1) Colorectal Cancer: POV: 153.*, 154.0, 154.1, 197.5, V10.05; <i>CPT G0213-G0215, G0231.</i></p> <p>2) Total Colectomy: CPT 44150-44151, 44152 (<i>old code</i>), 44153 (<i>old code</i>), 44155-44158 (<i>added codes 44157-44158</i>), 44210-44212; V Procedure 45.8.</p> <p>3) Colorectal Cancer Screening: <i>The most recent of any of the following during applicable timeframes (changed to look at <u>most recent</u> screening):</i></p> <p>A) Fecal Occult Blood lab test (FOBT): CPT 82270, 82274, 89205 (<i>old code</i>), G0107 (<i>old code</i>), <i>G0328, G0394; V POV V76.51 Colon screening</i>; LOINC taxonomy, or site-populated taxonomy BGP GPRA FOB TESTS</p> <p>B) Flexible Sigmoidoscopy: V Procedure 45.24, 45.42; CPT 45330-45345, G0104</p> <p>C) Double Contrast Barium Enema: CPT or VRad: 74280 (<i>deleted G0106, G0120</i>)</p> <p>D) Colonoscopy: V Procedure 45.22, 45.23, 45.25, 45.43; V POV 76.51; CPT 44388-44394, 44397, 45355, 45378-45387, 45391, 45392, 45325 (<i>old</i>), G0105, G0121</p> <p>E) Screening Refusals: A. FOBT: Refusal of V Lab Fecal Occult Blood test or CPT code 82270, 82274, 89205 (<i>old code</i>), G0107 (<i>old code</i>), <i>G0328, or G0394</i>; B. Flexible Sigmoidoscopy: Refusal of V Procedure 45.24, 45.42 or CPT 45330-45345, G0104; C. Double Contrast Barium Enema: Refusal of V Radiology CPT: 74280 (<i>deleted G0106, G0120</i>); D. Colonoscopy: Refusal of V Procedure 45.22, 45.23, 45.25, 45.43 or V CPT 44388-44394, 44397, 45355, 45378-45387, 45391, 45392, 45325 (<i>old</i>), G0105, or G0121.</p> <p>GPRA 2008 Description: TBD</p> <p>Patient List Options:</p> <p>1) List of patients 51-80 with CRC screening or refusal in past year.</p> <p>2) List of patients 51-80 without CRC screening or refusal in past year.</p>

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<p>Tobacco Use and Exposure Assessment Mary Wachacha & Chris Lamer, PharmD/Epidemiology Program, Dr. Nat Cobb</p> <p><i>NATIONAL (included in National GPRA Report; <u>not</u> reported to OMB and Congress)</i></p>	<p><i>Changes from Version 7.0 Patch 1, as noted below.</i></p> <p>Denominator: 1) Active Clinical patients ages 5 and older. <i>Deleted break down by gender and age groups (available in the Selected Measures (Local) Reports).</i></p> <p>Numerators: 1) Patients screened for tobacco use during the Report Period. 2) Patients identified during the Report Period as current tobacco users. A) Current smokers B) Current smokeless tobacco users 3) Patients exposed to environmental tobacco smoke (ETS) during the Report Period.</p> <p>Definitions: 1) Tobacco Screening: At least one of the following: A) Any Health Factor for category Tobacco. B) POV or Current PCC Problem List 305.1, 305.1* (old codes), 649.00-649.04, or V15.82 (tobacco-related diagnosis). C) Dental code 1320. D) Patient Education codes containing “TO-”, “-TO”, “-SHS,” <i>305.1, 305.1* (old codes), 649.00-649.04, or V15.82.</i> <i>E) CPT 1034F (Current Tobacco Smoker), 1035F (Current Smokeless Tobacco User), or 1036F (Current Tobacco Non-User).</i></p> <p>2) Tobacco Users: A) Health Factors: Current Smoker, Current Smokeless, Current Smoker and Smokeless, Cessation-Smoker, Cessation-Smokeless. B) POV 305.1, 305.10-305.12 (old codes), or 649.00-649.04 (<i>deleted V15.82</i>). C) Dental 1320. <i>D) CPT 1034F or 1035F.</i></p> <p>3) Current Smokers: A) Health Factors: Current Smoker, Current Smoker and Smokeless, Cessation-Smoker. B) 305.1, 305.10-305.12 (old codes), or 649.00-649.04 (<i>deleted V15.82</i>). C) Dental code 1320. D) 4. <i>CPT 1034F.</i></p> <p>4) Current Smokeless: A) Health Factors: Current Smokeless, Current Smoker and Smokeless, or Cessation-Smokeless. B) <i>CPT 1035F.</i></p> <p>5) Environmental Tobacco Smoke (ETS): Health Factors: Smoker in Home, Exposure to Environmental Tobacco Smoke</p> <p>Patient List Options: 1) List of patients with documented tobacco screening. 2) List of patients without documented tobacco screening.</p>

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: <i>Red, bold italic type</i> indicates new or edited definitions, GPRA measures in yellow)
<p>Tobacco Cessation Mary Wachacha & Chris Lamer, PharmD/Epidemiology Program, Dr. Nat Cobb</p> <p><i>NATIONAL (included in National GPRA Report; reported to OMB and Congress)</i></p>	<p><i>Changes from Version 7.0 Patch 1, as noted below.</i></p> <p>Denominator: 1) GPRA: Active Clinical patients identified as current tobacco users prior to the Report Period, broken down by gender and age groups: <12, 12-17, 18 and older.</p> <p>Numerators: 1) GPRA: Patients who have received or refused tobacco cessation counseling <i>or received a prescription for a smoking cessation aid</i> during the Report Period, including documented refusal in past year.</p> <p><i>A) Patients who refused tobacco cessation counseling.</i></p> <p>2) Patients identified during the Report Period as having quit their tobacco use.</p> <p>Definitions:</p> <p>1) Current Tobacco Users: A) Health Factors (looks at the last documented): Current Smoker, Current Smokeless, Current Smoker and Smokeless, Cessation-Smoker, Cessation-Smokeless; B) Tobacco-related Diagnoses (POV or active Problem List): 305.1, 305.10-305.12 (old codes), or 649.00-649.04 (<i>deleted V15.82</i>); C) Dental code 1320; <i>D) CPT 1034F or 1035F.</i></p> <p>2) Tobacco Cessation Counseling: Any of the following during the Report Period:</p> <p>A) Patient Education codes containing "TO-", "-TO", "-SHS", <i>305.1, 305.1* (old codes), or 649.00-649.04</i></p> <p>B) Clinic Code 94</p> <p>C) Dental Code 1320</p> <p>D) CPT code G0375, G0376, <i>or 4000F</i></p> <p><i>E) Prescription for tobacco cessation aid, defined as any of the following: 1. Medication in the site-populated BGP CMS SMOKING CESSATION MEDS taxonomy; 2. Any medication with name containing "NICOTINE PATCH", "NICOTINE POLACRILEX", "NICOTINE INHALER", or "NICOTINE NASAL SPRAY"; 3. CPT 4001F</i></p> <p>F) Documented refusal of patient education codes containing "TO-", "-TO", or "-SHS". Refusals will only be counted if a patient did not receive counseling or a prescription for tobacco cessation aid.</p> <p>3) Quit Smoking: POV or Current Active Problem List 305.13 (<i>old code</i>) <i>or V15.82</i>; Health Factors Previous Smoker, Previous Smokeless (looks at the last documented health factor).</p> <p>GPRA 2008 Description: TBD</p> <p>Patient List Options:</p> <p>1) List of tobacco users with documented tobacco cessation intervention or refusal.</p> <p>2) List of tobacco users without documented tobacco cessation intervention or refusal.</p>

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: <i>Red, bold italic type</i> indicates new or edited definitions, GPRA measures in yellow)
BEHAVIORAL HEALTH GROUP	
Alcohol Screening (Fetal Alcohol Syndrome (FAS) Prevention) Wilbur Woodis <i>NATIONAL (included in National GPRA Report; reported to OMB and Congress)</i>	<p><i>Changes from Version 7.0 Patch 1, as noted below.</i></p> <p>Denominator: 1) GPRA: Female Active Clinical patients ages 15 to 44 (child-bearing age).</p> <p>Numerators: 1) GPRA: Patients screened for alcohol use during the Report Period, including refusals in the past year.</p> <p><i>A) Patients with documented refusal in past year.</i></p> <p>Definitions:</p> <p>1) Alcohol Screening: PCC Exam code 35; Any Alcohol Health Factor; Other Screening: V11.3; V79.1, or BHS problem code 29.1</p> <p>2) Alcohol-related Diagnoses: POV, Current PCC or BHS Problem List: 303.*, 305.0*; 291.*; 357.5*; BHS POV 10, 27, 29</p> <p>3) Alcohol-related Procedure (V Procedure): 94.46, 94.53, 94.61-94.63, 94.67-94.69</p> <p>4) Alcohol Education: All Patient Education codes containing "AOD-" or "-AOD", old codes containing "CD-" or "-CD", V11.3, V79.1, 303.*, 305.0*, 291.* or 357.5*</p> <p>GPRA 2008 Description: TBD</p> <p>Patient List Options:</p> <p>1) List of female patients with documented screening.</p> <p>2) List of female patients without documented screening.</p>
Intimate Partner (Domestic) Violence Screening Dr. Theresa Cullen/ Denise Grenier, LCSW <i>NATIONAL (included in National GPRA Report; reported to OMB and Congress)</i>	<p><i>Changes from Version 7.0 Patch 1, as noted below.</i></p> <p>Denominators: 1) GPRA: Female Active Clinical patients ages 15-40.</p> <p>Numerators: 1) GPRA: Patients screened for or diagnosed with intimate partner (domestic) violence during the Report Period, including documented refusals in past year.</p> <p>A) Patients with documented refusal in past year of an IPV/DV exam or IPV/DV-related education.</p> <p>Definitions: 1) IPV/DV Screening: PCC Exam Code 34 or BHS IPV/DV exam</p> <p>2) IPV/DV Related Diagnosis: POV, Current PCC or BHS Problem List 995.80-83, 995.85, V15.41, V15.42, V15.49; BHS POV 43.*, 44.*</p> <p>3) IPV/DV Patient Education: Patient Education codes containing "DV-" or "-DV", 995.80-83, 995.85, V15.41, V15.42, or V15.49</p> <p>4) IPV/DV Counseling: POV V61.11</p> <p>5) Refusals: A) <u>Any</u> PCC refusal in past year with Exam Code 34 or BHS refusal in past year of IPV/DV exam; B) <u>Any</u> refusal in past year with Patient Education codes containing "DV-" or "-DV".</p> <p>GPRA 2008 Description: TBD</p> <p>Patient List Options:</p> <p>1) List of female patients 15-40 with documented IPV/DV screening or refusal.</p> <p>2) List of female patients 15-40 without documented IPV/DV screening or refusal.</p>

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: <i>Red, bold italic type</i> indicates new or edited definitions, GPRA measures in yellow)
<p>Depression Screening Denise Grenier, LCSW/ Dr. David Sprenger</p> <p><i>NATIONAL (included in National GPRA Report; reported to OMB and Congress)</i></p>	<p><i>Changes from Version 7.0 Patch 1, as noted below.</i></p> <p>Denominators: 1) GPRA: Active Clinical patients ages 18 and older, broken down by gender. <i>DELETED (moved to new Other National Measures Report):</i> 2) Active Diabetes patients, defined as: all Active Clinical patients diagnosed with diabetes prior to the Report Period, AND at least 2 visits during the Report Period, AND 2 DM-related visits ever.</p> <p>Numerators: 1) GPRA: Patients screened for depression or diagnosed with mood disorder at any time during the Report Period, including documented refusals in past year.</p> <p>A) Patients screened for depression during the Report Period.</p> <p>B) Patients with a diagnosis of a mood disorder during the Report Period.</p> <p>C) Patients with documented refusal in past year.</p> <p>Definitions: 1) Diabetes: POV 250.00-250.93</p> <p>2) Depression Screening: Exam Code 36, POV V79.0, or BHS problem code 14.1 (screening for depression).</p> <p>3) Mood Disorders: At least two visits in PCC or BHS during the Report period with POV for: Major Depressive Disorder, Dysthymic Disorder, Depressive Disorder NOS, Bipolar I or II Disorder, Cyclothymic Disorder, Bipolar Disorder NOS, Mood Disorder Due to a General Medical Condition, Substance-induced Mood Disorder, or Mood Disorder NOS. These POV codes are: 296.*, 291.89, 292.84, 293.83, 300.4, 301.13, or 311 or BHS POV 14 or 15.</p> <p>4) Screening Refusal: Any PCC refusal in past year with Exam Code 36.</p> <p>GPRA 2008 Description: TBD</p> <p>Patient List Options:</p> <p>1) List of Active Clinical patients =>18 screened for depression/diagnosed with mood disorder.</p> <p>2) List of Active Clinical patients =>18 not screened for depression/diagnosed with mood disorder.</p>
CARDIOVASCULAR DISEASE RELATED GROUP	
<p>Obesity Assessment Nutrition Program, Jean Charles-Azure/ Diabetes Program, Dr. Martin Kileen</p> <p><i>NATIONAL (included in National GPRA Report; <u>not</u> reported to OMB and Congress)</i></p>	<p>No logic changes from Version 7.0 Patch 1.</p> <p>Denominator: 1) Active Clinical patients ages 2 through 74, broken down by gender and age groups: 2-5, 6-11, 12-19, 20-24, 25-34, 35-44, 45-54, 55-74.</p> <p>Numerators: 1) All patients for whom BMI can be calculated, including refusals in the past year.</p> <p>A) Of Numerator 1, patients considered overweight, adults BMI 25-29, age 18 and under based on standard tables.</p> <p>B) Of Numerator 1, patients considered obese, adults BMI =>30, age 18 and under based on standard tables.</p> <p>C) Of Numerator 1, total overweight and obese.</p> <p>D) Of Numerator 1, patients with documented refusal in past year.</p> <p>Definitions: 1) BMI: Calculated using NHANES II. For 18 and under, a height and weight must be taken on the same day any time during the Report Period. For 19 through 50, height and weight within last five years, not required to be on same day. For over 50, height and weight within last two years, not required to be on same day.</p> <p>2) Refusals: Include REF (refused), NMI (not medically indicated) and UAS (unable to screen) and must be documented during the past year. For ages 18 and under, both the height and weight must be refused on the same visit at any time during the past year. For ages 19 and older, the height and the weight must be refused during the past year and are not required to be on the same visit.</p> <p>Patient List Options:</p> <p>1) List of patients with calculated BMI.</p> <p>2) List of patients for whom BMI could not be calculated.</p>

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: <i>Red, bold italic type</i> indicates new or edited definitions, GPRA measures in yellow)																																																		
Childhood Weight Control Nutrition Program, Jean Charles-Azure/ Diabetes Program, Dr. Martin Kileen <i>NATIONAL (included in National GPRA Report; reported to OMB and Congress)</i>	No logic changes from Version 7.0 Patch 1. GPRA Denominator: Active Clinical Patients 2-5 for whom a BMI could be calculated, broken out by age groups. Numerators: 1) Patients with BMI 85-94%. 2) GPRA Numerator: Patients with a BMI 95% and up. 3) Patients with a BMI =>85%. Definitions: 1) Age: All patients who are between the ages of 2 and 5 at the beginning of the Report Period and who do not turn age 6 during the Report Period are included in this measure. Age in the age groups is calculated based on the date of the most current BMI found. For example, a patient may be 2 at the beginning of the time period but is 3 at the time of the most current BMI found. That patient will fall into the Age 3 group. 2) BMI: CRS looks for the most recent BMI in the Report Period. CRS calculates BMI at the time the report is run, using NHANES II. A height and weight must be taken on the same day any time during the Report Period. The BMI values for this measure are reported differently than in Obesity Assessment since this age group is children ages 2-6, whose BMI values are age-dependent. The BMI values are categorized as At-risk for Overweight for patients with a BMI between 85-94% and Overweight for patients with a BMI of 95%. Patients whose BMI either is greater or less than the Data Check Limit range shown below will not be included in the report counts for At-risk for Overweight or Overweight. BMI STANDARD REFERENCE DATA <table><tr><th colspan="2">Low-High Ages</th><th>BMI >= (Risk-Overwt.)</th><th>BMI >= (Overwt)</th><th colspan="2">Data Check Limits BMI > BMI <</th></tr><tr><td rowspan="2">2-2</td><td>Male</td><td>17.7</td><td>18.7</td><td>36.8</td><td>7.2</td></tr><tr><td>Female</td><td>17.5</td><td>18.6</td><td>37.0</td><td>7.1</td></tr><tr><td rowspan="2">3-3</td><td>Male</td><td>17.1</td><td>18.0</td><td>35.6</td><td>7.1</td></tr><tr><td>Female</td><td>17.0</td><td>18.1</td><td>35.4</td><td>6.8</td></tr><tr><td rowspan="2">4-4</td><td>Male</td><td>16.8</td><td>17.8</td><td>36.2</td><td>7.0</td></tr><tr><td>Female</td><td>16.7</td><td>18.1</td><td>36.0</td><td>6.9</td></tr><tr><td rowspan="2">5-5</td><td>Male</td><td>16.9</td><td>18.1</td><td>36.0</td><td>6.9</td></tr><tr><td>Female</td><td>16.9</td><td>18.5</td><td>39.2</td><td>6.8</td></tr></table> GPRA 2008 Description: TBD Patient List: List of patients ages 2-5 with BMI =>95%.	Low-High Ages		BMI >= (Risk-Overwt.)	BMI >= (Overwt)	Data Check Limits BMI > BMI <		2-2	Male	17.7	18.7	36.8	7.2	Female	17.5	18.6	37.0	7.1	3-3	Male	17.1	18.0	35.6	7.1	Female	17.0	18.1	35.4	6.8	4-4	Male	16.8	17.8	36.2	7.0	Female	16.7	18.1	36.0	6.9	5-5	Male	16.9	18.1	36.0	6.9	Female	16.9	18.5	39.2	6.8
Low-High Ages		BMI >= (Risk-Overwt.)	BMI >= (Overwt)	Data Check Limits BMI > BMI <																																															
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4-4	Male	16.8	17.8	36.2	7.0																																														
	Female	16.7	18.1	36.0	6.9																																														
5-5	Male	16.9	18.1	36.0	6.9																																														
	Female	16.9	18.5	39.2	6.8																																														
Cardiovascular Disease and Cholesterol Screening (deleted from report) Dr. Eric Brody/ Mary Wachacha & Chris Lamer, PharmD <i>OTHER NATIONAL (included in new Other National Measures Report; <u>not</u> reported to OMB and Congress)</i>	<i>Removed from National GPRA Report and included in new Other National Measures Report.</i>																																																		
Cardiovascular Disease and Blood Pressure Control (deleted from report) Dr. Eric Brody/ Mary Wachacha & Chris Lamer, PharmD <i>OTHER NATIONAL (included in new Other National Measures Report; <u>not</u> reported to OMB and Congress)</i>	<i>Removed from National GPRA Report and included in new Other National Measures Report.</i>																																																		

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: <i>Red, bold italic type</i> indicates new or edited definitions, GPRA measures in yellow)
<p>Comprehensive CVD-Related Assessment Dr. Eric Brody/ Mary Wachacha & Chris Lamer, PharmD</p> <p><i>NATIONAL (included in National GPRA Report; reported to OMB and Congress)</i></p>	<p><i>Changes from Version 7.0 Patch 1, as noted below.</i></p> <p>Denominators: 1) GPRA: Active IHD patients ages 22 and older, defined as all Active Clinical patients diagnosed with ischemic heart disease (IHD) prior to the Report Period, AND at least 2 visits during the Report Period, AND 2 IHD-related visits ever.</p> <p><i>DELETED (available in the Selected Measures (Local) Reports):</i> A) Active IHD patients 22 and older who are not diabetic.</p> <p><i>DELETED (available in the Selected Measures (Local) Reports):</i> B) Active IHD patients 22 and older who are diabetic.</p> <p>Numerators: 1) Patients with Blood Pressure value documented at least twice in prior two years.</p> <p>2) With LDL completed in past five years, regardless of result.</p> <p>3) Screened for tobacco use during the Report Period.</p> <p>4) For whom a BMI could be calculated, including refusals in the past year.</p> <p>5) Who have received any lifestyle adaptation counseling, including medical nutrition counseling, or nutrition, exercise or other lifestyle education during the Report Period.</p> <p>6) GPRA: Patients with ALL assessments above. NOTE: This does NOT include depression screening.</p> <p>7) Screened for depression or diagnosed with a mood disorder during the Report Period, including documented refusals in past year.</p> <p>Definitions: 1) Diabetes: Diagnosed with diabetes (first POV in V POV with 250.00-250.93) prior to the Current Report period, AND at least 2 visits during the Current Report period, AND 2 DM-related visits ever. Patients not meeting these criteria are considered non-diabetics.</p> <p>2) Ischemic Heart Disease (IHD): 410.0-412.*, 414.0-414.9, 428.* or 429.2 recorded in the V POV file.</p> <p>3) Blood Pressure: Having a minimum of 2 Blood Pressures documented on non-ER visits in past 2 years. <i>If CRS does not find 2 BPs, it will search for CPT 3077F or 3080F during the past 2 years.</i></p> <p>4) LDL: Finds the most recent test done in the last 5 years, regardless of the results of the measurement. LDL Definition: CPT 80061, 83700, 83701, 83704, 83715 (old code), 83716 (old code), 83721, 3048F, 3049F, 3050F; LOINC taxonomy <i>(added to and removed code from LOINC taxonomy)</i>; site-populated taxonomy DM AUDIT LDL CHOLESTEROL TAX.</p> <p>5) Tobacco Screening: At least one of the following: A. Any health factor for category Tobacco documented during Current Report period; B. Tobacco-related diagnoses (POV or current Active Problem List) 305.1, 305.1* (old codes), 649.00-649.04, or V15.82; C. Dental code 1320; D. Any patient education code containing "TO-", "-TO", "-SHS", 305.1, 305.1* (old codes), 649.00-649.04, or V15.82; E. CPT 1034F, 1035F, or 1036F.</p> <p>6) BMI: CRS calculates BMI at the time the report is run, using NHANES II. For 19 through 50, height and weight must be recorded within last 5 years, not required to be on the same day. For over 50, height and weight within last 2 years, not required to be recorded on same day. Refusals include REF (refused), NMI (not medically indicated) and UAS (unable to screen) and must be documented during the past year. For ages 19 and older, the height and the weight must be refused during the past year and are not required to be on the same visit.</p> <p>7) Medical Nutrition Counseling: CPT 97802-97804, G0270, G0271; Provider codes 07, 29, 97, 99; Clinic codes 67 (dietary) or 36 (WIC). Nutrition education defined as: POV V65.3 dietary surveillance and counseling; patient education codes ending "-N" (Nutrition) or "-MNT" or containing V65.3 (or old code "-DT" (Diet)). Exercise education defined as: POV V65.41 exercise counseling; patient education codes ending "-EX" (Exercise) or containing V65.41. Related exercise and nutrition counseling defined as: patient education codes ending "-LA" (lifestyle adaptation) or containing "OBS-" (obesity) or 278.00 or 278.01.</p>

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Comprehensive CVD-Related Assessment (cont'd) Dr. Eric Brody/ Mary Wachacha & Chris Lamer, PharmD	8) Depression Screening/Mood Disorder DX: Any of the following during the Report Period: A) Depression Screening: Exam Code 36, POV V79.0, or BHS problem code 14.1 (screening for depression) or refusal, defined as any PCC refusal in past year with Exam Code 36; or B) Mood Disorder DX: At least two visits in PCC or BHS during the Report period with POV for: Major Depressive Disorder, Dysthymic Disorder, Depressive Disorder NOS, Bipolar I or II Disorder, Cyclothymic Disorder, Bipolar Disorder NOS, Mood Disorder Due to a General Medical Condition, Substance-induced Mood Disorder, or Mood Disorder NOS. These POV codes are: 296.*, 291.89, 292.84, 293.83, 300.4, 301.13, or 311 or BHS POV 14 or 15. GPRA 2008 Description: TBD Patient List Options: 1) List of Active IHD patients 22+ with a comprehensive CVD assessment. 2) List of Active IHD patients 22+ without a comprehensive CVD assessment.
<i>Appropriate Medication Therapy after a Heart Attack (deleted from report)</i> Dr. Eric Brody/ Mary Wachacha & Chris Lamer, PharmD <i>OTHER NATIONAL (included in new Other National Measures Report; <u>not</u> reported to OMB and Congress)</i>	<i>Removed from National GPRA Report and included in new Other National Measures Report.</i>
<i>Persistence of Appropriate Medication Therapy after a Heart Attack (deleted from report)</i> Dr. Eric Brody/ Mary Wachacha & Chris Lamer, PharmD <i>OTHER NATIONAL (included in new Other National Measures Report; <u>not</u> reported to OMB and Congress)</i>	<i>Removed from National GPRA Report and included in new Other National Measures Report.</i>
<i>Appropriate Medication Therapy in High Risk Patients (deleted from report)</i> Dr. Eric Brody/ Mary Wachacha & Chris Lamer, PharmD <i>OTHER NATIONAL (included in new Other National Measures Report; <u>not</u> reported to OMB and Congress)</i>	<i>Removed from National GPRA Report and included in new Other National Measures Report.</i>
<i>Cholesterol Management for Patients with Cardiovascular Conditions (deleted from report)</i> Dr. Eric Brody/ Mary Wachacha & Chris Lamer, PharmD <i>OTHER NATIONAL (included in new Other National Measures Report; <u>not</u> reported to OMB and Congress)</i>	<i>Removed from National GPRA Report and included in new Other National Measures Report.</i>

Performance Measure Topic Name and Owner/Contact	General Definition (NOTE: <i>Red, bold italic type</i> indicates new or edited definitions, GPRA measures in yellow)
OTHER CLINICAL MEASURES GROUP	
Prenatal HIV Testing and Education Drs. Scott Giberson, Charlton Wilson, Jim Cheek, and John Redd <i>NATIONAL (included in National GPRA Report; reported to OMB and Congress)</i>	<p><i>Changes from Version 7.0 Patch 1, as noted below.</i></p> <p>Denominator: GPRA: All pregnant Active Clinical patients with no documented miscarriage or abortion during the past 20 months and NO recorded HIV diagnosis ever.</p> <p>Numerators: 1) GPRA: Patients who received HIV test during the past 20 months, including refusals.</p> <p>A) Number of documented refusals.</p> <p>Definitions: 1) Pregnancy: At least 2 visits with POV: V22.0-V23.9, V72.42, 640.*-649.* (<i>expanded from 648.*</i>), 651.*-676.* during the past 20 months, with one diagnosis occurring during the reporting period.</p> <p>2) Miscarriage: Occurring after the second pregnancy POV and during the past 20 months. POV: 630, 631, 632, 633*, 634*, CPT: 59812, 59820, 59821, 59830</p> <p>3) Abortion: Occurring after the second pregnancy POV and during the past 20 months. POV: 635*, 636*, 637*, CPT: 59100, 59120, 59130, 59136, 59150, 59151, 59840, 59841, 59850, 59851, 59852, 59855, 59856, 59857, S2260-S2267, Procedure: 69.01, 69.51, 74.91, 96.49.</p> <p>4) HIV: V POV or Problem List: 042, 042.0-044.9 (old codes), V08, 795.71</p> <p>5) HIV Test: CPT: 86689, 86701-86703, 87390, 87391, 87534-87539; LOINC taxonomy (<i>added codes to LOINC taxonomy</i>); site-populated taxonomy BGP GPRA HIV TESTS</p> <p>6) Refusal of HIV Test: Lab Test HIV</p> <p>GPRA 2008 Description: TBD</p> <p>Patient List Options:</p> <p>1) List of pregnant patients with documented HIV test or refusal in past 20 months.</p> <p>2) List of pregnant patients without documented HIV test or refusal in past 20 months.</p>
<i>Prediabetes/Metabolic Syndrome (deleted from report)</i> Drs. Stephen J. RithNajarian and Kelly Moore <i>OTHER NATIONAL (included in new Other National Measures Report; <u>not</u> reported to OMB and Congress)</i>	<i>Removed from National GPRA Report and included in new Other National Measures Report.</i>
<i>Public Health Nursing (deleted from report)</i> Cheryl Peterson, RN <i>OTHER NATIONAL (included in new Other National Measures Report; <u>not</u> reported to OMB and Congress)</i>	<i>Removed from National GPRA Report and included in new Other National Measures Report.</i>
<i>Breastfeeding Rates (deleted from report)</i> Cheryl Peterson, RN <i>OTHER NATIONAL (included in new Other National Measures Report; <u>not</u> reported to OMB and Congress)</i>	<i>Removed from National GPRA Report and included in new Other National Measures Report.</i>